and incidence of adverse events during hospitalization was documented.

RESULTS Of 65 patients, 52 cases were through the transradial approach and 13 cases through the femoral artery. There were 40 cases of the CTO lesions, 10 cases of the bifurcation lesionss, 6 cases of severely calcified lesions, and 9 cases of the seriously tortuosity of the coronary artery. In this case, positive guide wire was used with conventional methods in all patients, but failed to cross the coronary lesions. So the 135 cm Corsair microcatheter was applied. Of CTO lesions in 40 cases, after the application of Corsair microcatheter, positive guide wire crossed the CTO lesions in 33 patients and success recanalization of CTO were finally achieved in 29 (72.5%) patients. The success rate for crossing the bifurcation lesions by the Corsair microcatheter was 90% in 9 out of 10 patients and PCI was success finally in 9 (90%) patients.

Of 6 cases of severely calcified lesions, guide wire crossed the lesion in 5 patients after the application of Corsair microcatheter and PCI was success in 6 (100%) patients. Of 9 cases of the seriously tortuosity of the coronary artery, guide wire crossed the lesion in 9 patients after the application of Corsair microcatheter and PCI was success in 9 (100%) patients. There was no complications related to Corsair microcatheter during the index procedure, no major adverse cardiac events during in-hospital clinical follow-up.

CONCLUSIONS Corsair microcatheter is safe and effective in the recanalization for complex coronary lesions when guide wire with conventional methods could not cross them. It can facilitate guidewire passage and increase the success rate of PCI.

GW26-e3552

Prognosis of Anti-Helicobacter Pylori Treatment and Acute Coronary Syndrome

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OBJECTIVES To investigate Prognosis of Anti-Helicobacter Pylori Treatment and Acute Coronary Syndrome, to provide a reference for future treatment.

METHODS We selected 200 patients with acute coronary syndrome who were treated in our hospital during October 2011 - October 2013, and divided into the Control Group and the Observation Group by the treatment. The Control Group was received conventional therapy, while the Observation Group was received treatment with Omeprazole + clarithromycin + amoxicillin. Then compared and analyzed the clinical effect of the both of groups, at the same time, counted the number of cases of coronary recurrence.

RESULTS The total efficiency after treatment, CHD events followed up six months later, readmission rates, mental function, physical function, social function, physical status and quality of life of both of groups have been compared. As a result, the difference between the two groups showed statistically significant, $P < 0.05$. 13 cases out of the Observation Group occurred adverse reactions during the treatment, all of patients tolerated and the symptoms disappeared after treatment.

CONCLUSIONS Eradication of H. pylori can improve treatment effect of patient with acute coronary syndrome, reduce hospitalization rates in patients in the short term, and hence has a good improvement on the prognosis of the disease.

GW26-e3964

Remnant cholesterol predicts periprocedural myocardial injury following percutaneous coronary intervention in poorly-controlled type 2 diabetes

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OBJECTIVES Previous studies demonstrated that elevated remnant cholesterol (RC) was a useful predictor of cardiovascular disease. Patients with type 2 diabetes (T2D) following percutaneous coronary intervention (PCI) had worse prognosis, especially in poorly-controlled T2D. However, whether RC was associated with periprocedural myocardial injury (PMI) following PCI in patients with T2D is currently unknown. This study tried to explore the association of preprocedural RC and the ratio of RC to HDL cholesterol (RC/HDL-C) levels with peak cTnI values after PCI in patients with T2D.

METHODS We prospectively enrolled 1182 consecutive T2D patients with normal preprocedural cTnI undergoing PCI. Patients were divided into the two groups: group A [glycated hemoglobin (HbA1c) <7%, n=563] and group B (HbA1c ≥7%, n=619). PMI was evaluated by cTnI analysis within 24h.

RESULTS Patients in group B, a 1-SD increase in RC produced a 32% increased risk of postprocedural cTnI >3× upper limit of normal (ULN) or >5× ULN. For RC/HDL-C, the causal odds ratio was 1.49 (95% confidence interval [CI]: 1.12 to 1.99) and 1.51 (95% CI: 1.13 to 2.01) in group B with postprocedural cTnI >3× ULN and >5× ULN, respectively. However, group A patients were no affected. Furthermore, patients with RC levels >27.46 mg/dl (third tertile) compared with RC levels ≤14.15 mg/dl (first tertile) were associated with a 59% and 96% increased risk of postprocedural cTnI > 3× ULN and >5× ULN in group B, respectively.

CONCLUSIONS RC and RC/HDL-C are the valuable, independent predictors for PMI in poorly-controlled diabetic patients undergoing PCI.

GW26-e4714

Impact of Postoperative Anemia on Exercise Capacity Recovery in Patients Underwent Coronary Artery Bypass Surgery

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OBJECTIVES Postoperative anemia (PPA) is a common complication after the coronary artery bypass surgery (CABG). Since the blood transfusion was not suggested in the updated clinical guideline, PPA would be more prevalent. Whether PPA leaded to poor exercise capacity recovery in CABG patients after their discharge was still unclear. The purpose of this study was to explore the impact of postoperative anemia on exercise capacity in patients underwent CABG.

METHODS This is an observational cohort study. Patients underwent CABG from Jan. to Dec. 2014 and completed cardiopulmonary exercise test (CPX) after discharge were included. Those who have had anemia before operation were excluded. Based on the last concentration of hemoglobin (Hb) data before discharge subjects' Hb <11 g/dL were defined as severe group. The others did not have significant low Hb data, Hb ≧11 g/dL, were mild group. Subjects received CPX at discharge and three months after discharge. Exercise capacity, represented by peak oxygen consumption (VO_2), and exercise responses, including heart rate (HR), blood pressure (BP), oxygen pulse (O_2 pulse), dead space (VD/VT) and ventilation (VE) were acquired from CPX. T-test and Chi-square were used to compare the baseline demographic data. Two-way RM-ANOVA was used to compare the exercise capacity recovery through time and between groups. The significant level was set at $p<0.05$.

RESULTS Thirty-seven subjects (73.0% male, 64.1±7.6 year-old) were included for analysis. The Hb ranged from 8.3 to 12.6 g/dL (mean value 10.6±1.2 g/dL). There were 16 (43.2%) patients in mild group; 21(56.8%) in severe group. The exercise capacity of both groups had significantly improvement through time ($p=0.001$), and no significant difference between groups ($p=0.616$). The VO_2 value at 3 months after discharge of mild and severe group were 23.3±6.1 and 20.9±5.8 ml/Kg/min, respectively. Both groups showed better exercise performance at 3 months after discharge, suggested of higher peak HR ($p=0.006$), higher peak systolic BP ($p=0.033$) and lower VD/VT ($p=0.008$). The improvements showed no significant difference between 2 groups.

CONCLUSIONS Postoperative anemia during hospitalization had no notable impact on the exercise capacity recovery in patients underwent CABG. Subjects even had moderate or severe anemia would have equivalent improvement at 3 months after discharge.

GW26-e0719

Application of small-diameter balloon at side branch in percutaneous coronary intervention for coronary bifurcation lesions

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OBJECTIVES To evaluate the clinical efficacy and security of small-diameter balloon at side branch in dealing with coronary bifurcation lesions.